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CONFIRMATION NO. 7223

|   |   |                                   |   |  |
|---|---|-----------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/994,466  | <b>FILING OR 371(c) DATE</b><br>11/26/2001<br><b>RULE</b>   | <b>CLASS</b><br>514               | <b>GROUP ART UNIT</b><br>1643   | <b>ATTORNEY DOCKET NO.</b><br>AREX-P03-002 |
| <b>APPLICANTS</b><br>Ragupathy Madiyalakan, Edmonton, CANADA;   |   |                                   |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a CIP of 09/724,094 11/28/2000 ABN which is a CON of 09/641,833 08/18/2000 PAT 6,716,966<br>and claims benefit of 60/270,471 02/21/2001<br>and claims benefit of 60/270,456 02/21/2001<br>and claims benefit of 60/164,714 11/11/1999<br>and claims benefit of 60/149,492 08/18/1999 |   |                                   |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>None SJH  |   |                                   |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 12/06/2001   |   |                                   |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <u>SJH</u><br>Examiner's Signature Initials                       |   | <b>STATE OR COUNTRY</b><br>CANADA | <b>SHEETS DRAWING</b><br>12   | <b>TOTAL CLAIMS</b><br>41                  |
| <b>INDEPENDENT CLAIMS</b><br>9  |   |                                   |   |  |
| <b>ADDRESS</b><br>28120   |   |                                   |   |  |
| <b>TITLE</b><br>Therapeutic binding agents against MUC-1 antigen and methods for their use  |   |                                   |   |  |
| <b>FILING FEE RECEIVED</b><br>876   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |